

San Luis Obispo County Animal Services Division

PO Box 4110 885 Oklahoma Ave San Luis Obispo, CA 93406 (805)781-4400 / fax 781-1065



Ride-a-long Request

Animal Services provides ride-a-long opportunities for citizens interested in observing the day-to-day experiences of an Animal Control Officer. Interested parties should complete the following application form and return it to the Animal Services office. You must be at least 18 years old to participate.

Ride-a-longs are done M-Sat from 8am-6pm. Please indicate the day and time range you are interested in and Animal Services staff will call to schedule you. Portions of the day during your ride-a-long may involve walking over rough or uneven terrain and being around various types of animals; for your protection, please wear pants and comfortable closed-toe shoes.

| Name | | | | |
|---|--|--|--|---|
| Address | | | | |
| City | | | State | Zip |
| Phone(H) | | | Phone(Alt) | |
| Driver's Lic# | | | Expires | |
| DOB | | | _ | |
| Have you ever with Animal Se | done a ride-a-long rvices before? | ☐ No ☐ Yes (| Date |) |
| Reason for ride | e-a-long request? | General inte | rest 🗌 Career Ir | nterest Other |
| What days are do a ride-a-lon | you available to | Mon Tues | sWed Thu | rs Fri Sat |
| medically trained to participation in this In consideration assigns and heirs, to Animal Services an consequential action ride-a-long program This release shal and represent that I that no oral represent aware that this is a participation. | o care for any physical of program can include a of this consent to particle or release, defend and had their employees, agents, claims, damages, control including without ling libe binding upon my have read the foregoin intations, statements or release of liability and program of the control of the contr | or medical problems to ctivities which may excipate in these prograph old harmless, the Counts and/or representations, and liability, leganitation, damage to or neirs, administrators, of Release/Agreement inducements, apart from a contract between my | that may occur during a xpose me to certain a ms and activities, I hanty of San Luis Obisives ("Releasees") from the destruction of any presecutors, and assign a fully understand it a form the foregoing writes and the releasees where the second se | g this activity. I understand that risks of injury. ereby agree, on behalf of myself and my po, the Health Agency, the Division of om any and all direct, indirect, special or ag or resulting from my participation in this property or injury or death to any person. as. In signing this release, I acknowledge and its content and sign it voluntarily and atten agreement, have been made. I am the est and sign it of my own free will. I am the ed consideration fully intending to be |
| Print Name | Signa | uture | | / |
| Approved_ X:\ASD\Forms\Ride-a-long | Request.doc | Ride-a-long da | te | ACO Assigned |